THE NEWARK STREET OUTREACH/SHELTER PROJECT FOR AT-RISK YOUTH

(submitted to DOH, 5-1-89)

In Conjunction With and Coordinated By The Office of the Medical Director, City of Newark Department of Health & Human Services, and Coordinated with DYFS and the Department of Adolescent Medicine, UMD-N.J., et al.

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B1. PURPOSE AND GOALS (Abstract)

The major purposes of this program proposal are to increase the accurate knowledge of AIDS and the HIV virus possessed by Newark adolescents, to identify and overcome attitudes which may be obstacles to adolescent rationality about AIDS and the HIV virus, and to reduce the extent of behavior which has been associated with the high risk of becoming infected by the HIV virus.

Our working hypothesis is that by effective intervention with actual 'underclass' and near 'underclass' youth, the projected growth in actual AIDS cases associated with City residence later (in the next decade) and beyond can be appreciably slowed.

An explicit secondary purpose of the proposal is to add to the creation in Newark of a high degree of coordinated planning and activity in addressing the HIV epidemic. At the present time, there are a significant number of relevant and sound programs and activities, funded from different State and Federal agencies as well as from some private foundations, which are not effectively coordinated. In this epidemic situation, the high risk behavior by concerned agencies of redundancy, inefficiency, and lack of accountability cannot be tolerated.

The absence of a planful approach to the multi-faced crisis currently confronting us here in Newark which could yield a network of communication, cooperation, and coordination among service providers serious about addressing the AIDS epidemic is a definite hindrance. This plan is based on just such a planful approach yielding coordinated implementation strategies.

For that reason, we are seeking to bring together all those committed to combating the spread of the HIV virus and fostering the humane care and treatment of those afflicted or affected by the disease in Newark in order to effectuate just such a service-oriented network which can most effectively work in conjuction with the Newark AIDS Consortium (Newark Hospitals), the City Medical Director's office (A.I.D.S. Coordinator), UMD-N.J.'s Adolescent Medical Department, the N.J. AIDS contingent for the Association of Black Psychologists, The La Casa de Don Pedro- PROCEED A.I.D.S. Task Force, SPECIAL AUDIENCES, and any and all others seriously interested in resolving the problems. It is for this reason, too, that the AIDS Coordinator for the City of Newark's Health & Human Services Department will be the responsible lead administrator of this program, even though funds for that position are not to be paid out of funds requested in this proposed program plan.

Also, it should be noted, this plan is based on existing agreements among N.C.P. for PWAs, N.J. DYFS, the

City Department of Health & Human Services, UMD-N.J., and others (shelter, medical, clinic, churches, etc.)

B2. PRESENT OPERATIONS OF ORGANIZATION (UNIQUE CAPACITY).

The Newark Community Project For People With A.I.D.S. (N.C.P. for PWAs) is a New Jersey non-profit corporation organized to focus on the community's current AIDS crisis. The organization is currently creating a program of HIV/AIDS prevention for the City of Newark and subsequently envisages preparing one for Newark environs as well.

The Mission Statement of The N.C.P. for PWAs states, in parts, that:

"The purpose of the N.C.P. for PWAs is to foster the humane care and treatment of people with ARC and AIDS and to work to prevent the spread of the disease."

The organization is inclusive by nature welcoming representatives of organizations, institutions, and agencies as well as individual activists who are serious about fostering the humane care and treatment of people living with A.I.D.S. (or ARC) and combating the spread of the HIV infection. We seek to arrive at decisions by consensus, thus avoiding to the extent feasible, any undue divisiveness.

The organization's leadership is largely made up of people already active in Newark's social service agencies and community based organizations. The Board of twelve is 83 percent Minority (Nine Black, two White, one Hispanic). The individual Board members and Task Force Co-Chairs are affiliated with and have played prominent, leadership roles with programs and organizations that have 'clear' records in delivering services in the City of Newark.

These include such organizations as United Hospitals, the Urban League, the N.J. Commission on the Blind and Visually Handicapped, the Newark Free Public Library, Rutgers - the State University in Newark, the Newark Boys and Girls Clubs of America, the Newark Coalition for Neighborhoods, Planned Parenthood of Essex County, The Central Ward Coalition of Youth Agencies, the Newark Tenants' Council, Protestant and Catholic Churches (Black, White and Hispanic), The International Youth Organization, and drug rehabilitation and prevention clinics. [Resumes of N.C.P. for PWAs' Task Force Co-chairs relating to Community-based Organizations of Newark, to Adolescents of Newark and to existing Drug Rehabilitation and Prevention Clinics are enclosed to document the strength of knowledge about the City and its communities --See Appendix G.]

In addition, both directly and indirectly (through participating community-based organizations and coalitions of such organizations), N.C.P. for PWAs maintains on-going close working relations with the Youth Aid Bureau of the Newark Police Department; with the Family Crisis Intervention Unit (F.C.U.I.) of the Essex County Division on Youth, Department of Citizen Services; UMD-N.J. (both

C.M.H.C. and Adolescent Medicine); and, of course with staff at all levels (District, Regional, and State) of the N.J. Division of Youth & Family Services (DYFS), Department of Human Services.

Hence, the network's contact with runaways, with homeless, and - indeed - with most all of the vulnerable adolescents of our City is extensive. [In fact, we do not really believe the problem in our City lies in locating and identifying 'street' adolescents, but rather with the services provided them and, even more important, with the follow-up contact maintained thereafter.]

The unique strength of the N.C.P. for PWAs for this program in particular is the depth and breadth of the organization's knowledge of the City, its sensitivity to the communities and individual neighborhoods of the City, its energetic commitment to fashioning an accountable network response to the crisis, and its credibility at all analytical levels.

B3. TARGET POPULATION

Newark has a large population of young people (33% under age 18 compared to 26% in its own SMSA). The City has the lowest median age level of all major cities in the country.

In and of itself, this age structure might not necessarily be problematic. What is problematic is that so many of these young people can be described as 'underclass.' That, is they are poor, they are dreadfully undereducated, they are unemployed (and, by some assessments, unemployable), they are deeply affected by an environment of drugs, crime, and family breakup. In fact, Newark has a large young populace many of whom have weak or non-existent affective connections to normative social institutions. Thus, 'street' peer groups end up as becoming the major socializing influence. (For a good description of these 'underclass' youth, see Appendix F, reprinted from 3 April, 1989 issue of 'Insight.'

As we know from acknowledged Census Bureau undercounts, it would be extremely difficult to determine with precision the size of this population. But certainly unemployment and educational data are indicative. The Regional Labor Market Review for August, 1988, indicated that in 1987 the City had a double digit unemployment rate of 10.7% (which all analysts agree understates the problem) while other municipalities in the County had unemployment rates below the state level. [Unemployment rates are particularly high-- and consistently so -- for young Minority males.]

Newark qualifies as a 'labor surplus' area by federal standards. Educational involvement data in the 1980 census indicated that 54 percent of people aged 16-21 were not in school. This compared with 23 percent in the remainder of the same SMSA.

The very description of this underclass explains why we cannot assume that health education information is being delivered effectively. These young people simply have no history of affective connection with institutions. In fact many institutions--whether schools, social welfare agencies, or police -- are perceived as hostile rather than potentially supportive. [For a description of how little educated about A.I.D.S. in-school New Jersey youth are today, see quote from Ted Reid in Star-Ledger of 30 April, 1989, Appendix H.]

This planned program (in conjunction with D.Y.F.S.) aims at reaching more than 2,400 adolescents (all potential underclass) this Summer, maintaining contact with 340 of these young clients during the remainder of the school year and identifying and maintaining contact with an additional

80 or more actual underclass youth during the eight months from September, 1989, through April, 1990.

In addition, an estimated 400 or more youth from Newark who are residents of D.Y.F.S. shelters, placed in temporary foster care by the Family Courts, or otherwise referred to the N.C.P. for PWAs network by D.Y.F.S. or other appropriate authorities will receive the same exposure, orientation, and initial educational presentations (in group settings) as the original 2,400 SYEPT participants. Of these, an estimated 80 individuals, or 20 percent, will be subsequently identified as requiring some follow-up services, tracking, and one-one-one counseling.

B4. NON-EXISTENT OR LIMITED SERVICES.

The relative absence of relevant services for these youth, especially insofar as A.I.D.S. education/prevention efforts are concerned, is due to at least four primary causes:

a. The Newark Board of Education (despite having recieved a grant earmarked to establish an A.I.D.S. education prevention project) has done little or nothing to date to expose City youth (even prior to dropping out) to the existance of AIDS or its potential threat, let alone as to what steps might be taken to prevent contracting the HIV infection.

b. Given the City's 54 percent (or greater) drop-out rate, it is clear that most Newark youth regard schools and, by extension, other established institutions, as unresponsive at best, and rejective at worst. As noted earlier, the 'underclass' or 'nearly underclass' youth of Newark lack any affective linkage to virtually any institution, including many social service agencies, and some even lack affective contact with neighborhood community-based organizations. [Hence, the need for outreach and follow-up efforts with such youth instead of the usual 'information and referral' run-a-around so many of these youth have experienced in the past.]

c. The seven existing drug rehabilitation and prevention clinics in the City, while having had A.I.D.S. educators and health aides on staff for more than two years, are confronted with two currently insurmountable problems: (i) They all have waiting lists often causing long delays and deferments for hundreds and hundreds of individuals anxious for treatment (The dream deferred has thus become the dream denied) and this condition in Newark has in some cases existed for three years or longer (as opposed to "two weeks to 30 days" in Detroit, with only three (3) existing clinics); and (ii) The lack of knowledge and the absence of sufficient motivating influences to alter attitudes, let alone behavior patterns, among the overloaded existing client populations is so great and requires so much time and attention, that these AIDS counselors are compelled to devote most all of their working hours to serving the existing clientel and, perhaps, some on the waiting list. Thus, there is insufficient time to do any effective outreach counseling among 'street adolescents.'

d. The lack of a pre-planned, well coordinated City-wide effort to target the 'hard-to-reach' youth of our City has been a major stumbling block. Soon -- very soon -- we need a comprehensive approach, involving all segments of the City, reaching all neighborhoods, working with all agencies and institutions, to cope with the myriad of problems these adolescents (and their families) face every day. Through such a comprehensive approach, and only this

way, can we really begin to address the issue truly. Can we ensure there will be no recurrance of a Central Park 'pack attack' in Newark this Summer? No, sadly we can't. Can we do a much, much better job of taking steps to avoid it? Absolutely!

And, we can forestall the spread of the HIV virus among our young and curtail the rising death toll. Yes, we can!

[The concurrance of the announcement by the U.S. Centers for Disease control in Atlanta that the A.I.D.S. epidemic is now spreading to Midwestern Cities, both large and medium sized, and the U.S. Justice Department disclosure that the incidence of violent crimes in the U.S., a majority of which are now committed by 13-to-29 year-olds, is now spreading to the Midwest we believe to be of more than passing interest.]

B5. BI-LINGUAL, BI-CULTURAL SERVICES:

We are aware that recent data available from Trenton shows a racial/ethnic breakdown of 1,194 A.I.D.S. cases in Newark as follows:

African-American:	83 percent
Hispanic:	13 percent
White:	03 percent

Our planned program, in conjunction with the City of Newark, D.Y.F.S., UMD-N.J., and a whole host of different organizations, religious entities, associations, and others, will be planned, prepared and implemented utilizing culturally sensitive modes of expression. All staff, hired via funding from whatever source, will reflect the population we are seeking to serve. To do otherwise would be hypocritical and contrary to our own history.

[Outreach staff, including adult counselors attuned to the lives of street adolescents, and the peer counselors themselves, will be recruited from the sectors of the City they are expected to serve and will only be actually hired after consultation with the relevant community-based organization(s).]

Materials, films, etc will be treated in similar fashion.

It should be further noted that the well of spiritual culture endemic to these communities, woefully ignored in recent years, will be tapped, hoping to touch an inner chord among some of the disaffected youth in question.

B 6. FUNCTIONAL DESCRIPTION: PROGRAM PLAN:

This proposed plan is an integral part of an overall programmatic thrust that envisions a broad range of activities designed to provide adolescents and families with structured and pre-planned education/prevention efforts. It will use a network of community organizations to deliver high quality counseling and informational services to the target population. Services will be provided through trained peer group counselors, through trained adult counselors based at local Community organizations, and through professionals sensitive to the cultural needs of the targeted adolescents.

These direct services will include, but not be limited to exposure, orientation, and initial educational efforts, using group settings, and individualized counseling and tracking activities, usually in one-on-one settings.

This program will function in close coordination with D.Y.F.S., the Newark Department of Health and Human Services, the Newark Summer Youth Employment & Training Program (SYETP), Special Audiences, Inc., the Department of Adolescent Medicine of the University of Medicine & Dentistry of N.J., and the office of the New Jersey A.I.D.S. Education/ Prevention Coordinator for the Association of Black Psychologists, the La Casa Don Pedro - PROCEED Task Force on AIDS, and many other organizations and institutions serious about combatting the spread of the HIV infection in Newark. The Office of the City of Newark's Medical Director will take the lead in this combined effort. Indeed, the degree of communication, cooperation, and coordination envisaged by this planned program constitutes one of its most signficant inherent strengths.

Given the existing agreement among N.C.P. for PWAs, DYFS, and the Medical Director for the City of Newark's Department of Health and Welfare, this proposed program would provide ingredients that would complete an integrally coordinated program to deliver AIDS education/prevention services to youths.

Under the street outreach/shelter portion, we will base five full time outreach counselors at five different community based organizations in five different sectors of the City, and one at an Hispanic CBO to provide services to Hispanic youth in a bi-lingual, bi-cultural mode. In addition to providing services, these counselors will monitor and supervise the activities of peer group counselors assigned to the area. The supervision will include facilitating group presentations, arranging logistics (travel, shelter, medical services), helping peer group counselors to identify participant requiring additional help, arranging other care, and additional follow-up and tracking and one-on-one counseling.

We have arranged with a local community residential shelter to provide, at cost, up to 378 person/days of emergency overnight shelter for juveniles in need of shelter (or residential care facility).

In addition, we have arranged with the local Community Health Care Center of a Newark hospital to provide medical examination and some follow-up services for youth under this program.

[In light of recently confirmed analysis of scientific data suggesting that authorities now believe some new medicines recently made available (either through 'investigative' channels or otherwise) may very well have a positive effect in relieving some symptoms and in possible prolonging lives of AIDS patients, the need to have At-Risk populations tested for the HIV infection is being given greater emphasis. Should this be attempted on a large scale among already suspicious and somewhat leery underclass, at-risk adolescents of Newark, it will require a much more sustained and sophisticated effort.]

The over-all program will operate in three phases: (1) Summer '89: Exposure, Orientation, and Initial Educational Efforts; (2) Counseling, Tracking and Data Collection; and (3) Data Analysis, Program Evaluation: Future Goals. Even though these phases are broken out into rough time frames, the activities envisaged may not be quite so discreet. Indeed, some may need to overlap.

A) Phase I: Summer '89: Exposure, Orientation & Initial Educational Efforts

This phase will provide AIDS prevention/education sessions and group presentations to approximately 2,400 SYEPT participants aged 14 to 21 years. The sessions will be presented at selected work locations throughout the City of Newark.

These sessions will generally highlight such topics as AIDS as a societal problem; The ways in which AIDS can and cannot be contracted; Methods of prevention that include, but are not limited to, abstenenance from sexual intercourse and from the use of illicit drugs; And the symptoms and effects of A.I.D.S. More specific elements of the curriculum will generally follow the Guidelines for Effective School Health Education to prevent the Spread of AIDS as prepared by the U.S. Centers for Disease Control (C.D.C.) of Atlanta, Ga., (MMWR Supplement, January 29, 1988 .

The standard presentations for these sessions will be developed by the trainers/presenters in ways that are sensitive to the cultural needs of the targeted groups (especially including bi-lingual, bi-cultural modes). Peer

group counselors will receive presentation training and will view the SPECIAL AUDIENCE's Teen-to-teen A.I.D.S. production, some pertinent films, and relevant brochures, flyers, etc.

It should be noted that none of the adult AIDS Outreach Counselors nor especially the peer counselors will be permitted to actively participate in group, family, or in one-on-one individual counseling sessions until they have at least demonstrated the requisite knowledge and essential ability to find satisfactory answers to possible 'off-the-wall' questions. [Q.: "What is the connection between drinking Coca Cola and A.I.D.S.?" A.:" I'm not sure there is any, but I'll certainly check it out and get back to you."]

The group presentations will be held with an estimated 80 percent of all the currently slated 3,000 Newark Summer Youth Employment participants (including Summer Education/ Enrichment enrollees), or 2,400 unduplicated individuals. Based on past experience, the heavy majority of these will be among the lower portion of the age range.

Training for peer counselors will occur during the first week of the Summer phase. This training program will be designed, developed, and conducted under the supervision of the Adolescent Medicine Department of the University of Medicine and Dentistry of N.J., the N.J. A.I.D.S. Coordinator for the National Association of Black Pshchologists, a representative of the La Casa de Don Pedro - PROCEED Task Force and others, all in conjuction with the Newark Health Department. Generally, the curriculum will include, but not be limited to: (1) interviewing techiniques; (2) up-to-date information about AIDS; (3) presentation skills; (4) Client problem identification; (5) case monitoring; and (6) record keeping.

Also during the Summer portion of the program, a coordinated effort will be made to target for special attention and follow-up efforts approximately 340, of the 2,400, or 15 percent of these participants, who exhibit the following characteristics (not necessarily exclusive of each other):

a) Existing D.Y.F.S. cases and subsequent D.Y.F.S. referrals;

b) Those who volunteer information regarding substance abuse or homosexual behavior;

c) Participants who reside in households with current or who have older nuclear family members with such a history;

d) Referrals from the Family Courts;

e) Handicapped/Disabled youth (including those generally classified as 'functionally illiterate' or unable to read) who share one or more of the above characteristics; and

f) School drop-outs.

(It should be noted that much of this information, if and when obtained, must be maintained in a strictly confidetial manner, in accordance with Federal regulations.)

Although follow-up efforts will be concentrated in the second phase, some cases may require immediate attention and will be treated during the first phase.

B) Phase II. Counseling and Tracking: Data Collection

Following completion of the Newark SYEPT program, N.C.P. for PWAs staff, in conjunction with City Staff -- teen peer group leaders in particular, with the assistance of such adult counseling staff from the host agency as is available -- will reach out in each of their respective neighborhoods to seek contact with other youth, especially those unemployed and out of school (non-graduates). These idle youth, often found 'hanging out' on street corners, in video parlors, or adjacent to abandoned buildings and, in the words of Ms. Carolyn B. Thompson - Wallace, Executive Director of the International Youth Organization (I.Y.O.), "whose only sense of purpose in life appears to be instant gratification," also constitute an inherently high risk population for the HIV infection.

The follow-up portion of this phase will require one-on-one contact with members of the targeted group. Based on past experience, we estimate that the specially targeted population will amount to approximately 15% (340) of the approximately 2,400 SYEPT participants we will reach in the Summer phase of this program.

In addition to the 340 SYEPT participants, we estimate that 80 referrals will be made from DYFS that will require more intensive counseling yielding a total of 420 unduplicated individuals.

Phase III. Data Analysis, Program Evaluation:

See section B. 9 of this proposal.

The approach to be utilized with the approximately 420 especially targeted youth, as differentiated from the 3,000 or so generally targeted youth, must of necessity be 'holistic' in nature. That is to say, most street youth are not anxious to discuss AIDS initially or exclusively. There are many other issues apparently much more pressing at the moment. To persuade these adolescents to alter their

behavior patterns is never an easy task and must be approached on a step-by-step basis. Introducing a possible affective connection or linkage with an institutional setting where some socializing process could occur off the street may be the critical first step.

An integral part of the entire approach toward the 420 or so especially targetted high at-risk adolescents will be home visits. At least one initial home visit will be conducted for each and every such youth. Follow-up visits may be conducted as needed.

Based on past experience, we estimate that approximately 84, or 20 percent, of these participants will require more intensive counseling, probably exceeding one face-to-face encounter per week, or about four per month. Approximately 252 targeted participants, or about 60 percent of the total, will most likely require average, or medium level counseling, or about two face-to-face encounters per month. And another 84 or so participants, or 20 percent, will likely require minimal counseling, or about one face-to-face encounter per month. [These will be accomplished by both trained peer counselors and trained adult counselors, supplemented by supervisory personnel, trainers, or other CBO outreach counselors as needed.]

Some psychological services may be needed for individual participants or the participants and family member(s) together. While CMHC and other institutions can sometimes provide these services, our experience has been that an inordinate proportion of these clients do not return for follow-up sessions in these institutional settings. Rather, those who are prepared to accept such services much prefer that the services be provided in a local site, within the neighborhood, usually on the premises of a local community-based organization.

Fortunately, the N.C.P. for PWA's network includes the N.J. AIDS Coordinator for the Association of Black Psychologists, Dr. George Jackson, whose extensive experience with DYFS referrals, IYO clients, and others as well as his known research in the pathology of substance abuse (and its association with anti-social behavior patterns) makes him eminently qualified to assist in this program.
[See resume in Appendix G.]

Finally, it should be noted that the NCP for PWA's network, in conjunction with the City Health Department and the Newark Coalition of Neighborhoods (N.C.N.), plans a massive and comprehensive effort to combat drug abuse throughout the City. In the meantime, N.C.P. for PWA is negotiating with N.J. VISTA / ACTION to place a number of VISTA Volunteers at each of the seven existing clinics who would perform outreach counseling functions targeted to adolescent 'street youth' in conjunction with this program (similar training, orientation, initial education, etc.)

Results from two different demonstration projects, one slated for a consortium of a drug rehab/prevention clinic, a youth services agency, and a day care center with extraordinarily young parents, and the other targeted to deal with 11-to-13 year olds alone during Summer '89 ought to provide us with valuable experience and some baseline data.

At some stage in these developments, the 'Teach & Bleach' campaign, successfully utilized in Detroit and elsewhere could be instituted in Newark.

Moreover, since more than 60 percent of identified AIDS cases in Newark are associated with IV drug use, all components of the network, especially those experienced in working with substance abusers, will share experiences and insights.

B.7 FLOW CHART

a) In Diagram Form

Pre Planning	Startup	T	Summer '89:	Counseling,	Data
		r	Exposure,	Follow-up,	Analysis
		a	Orientation,	Tracking, Etc.	&
		i	Initial	Some Data	Evalua-
		n	Education	Collection	tion
		i			
		n			
		g			
4/1/89	5/15	6/23 7/5		9/1	5/1/90 6/30

b) Narrative:

As can be noted from the budgetary documents and the references to other financial contributions to the planning and implementation of this project (contained in letters of support from Dr. Adewale Troutman, City Medical Director, and Mr. Rick Matthews, Health & Human Services Coordinator for the Prudential Foundation), funding for all the preliminary planning and much of the start-up costs (for the periods 4/1 - 5/15/89 and 5/15 - 7/5/89, respectively, are not to be borne by the budget presented herein.

In order for us to make full use of the opportunity to reach as many of the 3,000 Newark SYEPT enrollees as possible (especially the school drop-outs enrolled in this program), we had to begin this process even prior to receipt of the RFA from the Department of Health for which this is Newark's response.

But time is short. We will need as much lead time as possible in order to accomplish, and accomplish effectively, five major tasks prior to July 5th:

1. Recruitment, screening, interviewing, and finally identifying staff members for the project (Outreach Counselor Supervisor -- in conjunction with City Medical Director & AIDS Coordinator; Staff Counselors -- in conjunction also with relevant CBO's; and Peer Counselors -- also in conjunction with others);

2. Logistical arrangements with SYEPT [illegible] locations, scheduling, and some training of its staff;

3. SPECIAL AUDIENCES scheduling, transportation, etc.;

4. Such mundane chores as acquisition of the van (utilizing DYFS funds), etc.; and

5. Development and implementation of the actual training curricula, acquistion of materials, etc. No renovation work is contemplated as a part of this program plan's budget. Some of the community-based organizations may be involved in on-going building rehabilitation/renovation work but it is not anticipated that any of that will impede progress for this project.

In a sense, this project envisages six (6) 'storefronts,' each of which are supported by much larger quarters and additional staff able to accomodate much more service and provide the much needed socializing environment discussed earlier.

Pending receipt of additional funds to accomplish other objectives (for example, publication of the Newark AIDS Resource Directory and of a regular N.C.P. Network Newsletter), the NCP offices will remain housed at the International Youth Organization's seven-building complex and our official headquarters address will remain that of our attorneys, Frohling & Hanley, Esqs., Gateway I, suite 100, Newark, N.J. 07102.

B 8. COMMUNITY NOTIFICATION

Because the outreach workers and peer counselors will be based at Community-based organizations, we will use their existing network of communications to notify the community about the program. In addition to regularly published newsletters, the CBOs maintain an extensive databank that will be utilized to provide mailings. We will also distribute appropriate literature that will identify the CBO as a site of and supporter of the program. In this way, residents and street youth will be able to identify with the program operating locally in familiar settings.

The CBOs will also sponsor on site community education/prevention forums. These forums will be structured programs which will include speakers, films, and literature provided by N.C.P. for PWAs. This type of activity, based at CBOs that are a part of the local community, will provide a base of support for the program and, at the same time, assist in community education/outreach.

As indicated by the enclosed letters of support, the N.C.P. for PWAs has already indicated to the community its intention to develop this program of health education. Just as salient is our intention to work through and with the well established community based organizations which are already providing credible social services to the disadvantaged population. Given our experience in Newark, we believe that a program such as this must not try to reinvent the wheel of community involvement. It must build upon the existing strengths of the community as represented by the community based organizations, religious entities, established social service agencies, etc. of Newark.

[For letters of support and other documentation of the depth and spread of community support for the N.C.P. for PWAs approach to involving all parties seriously interested in coordinated and well planned effort, please see Appendices B, G, and H, all of which need to be treated as a whole.]

[Please further note that letters of support from the Fund for Newark and the Prudential Foundation also contain specific commitments of financial support. Also note Dr. Johnson's reference to a coordinated effort as differentiated from others.]

[Of course, public service announcements, media releases, and all of the other usual means will be utilized as appropriate, although we find them of limited use in reaching this particular target population. Perhaps of greater use will be word of mouth messages transmitted by enrollees in the Newark Branch of the N.J. Youths Corps.]

B 9. EVALUATION

As indicated above, there are three 'universes' from which we expect outcomes. While the outcomes will be different from group to group, all are dependent for assessment upon the creation of relevant data bases which are sensitive to confidentiality needs and requirements. No data not essential to the planned program evaluation will be collected (except for data readily avaible and necessary from S.Y.E.P.T., D.Y.F.S, etc.)

The evaluation of a cadre of adult and peer counselors is, we believe, relatively straightforward. It rests first upon the demonstration that these counselors have in fact acquired a fund of accurate knowledge about AIDS and sources of information about AIDS which is essential to their successful assistance in helping to implement the project as a whole.

The program plans to test counselors as to the extensiveness of their knowledge and of the project's ultimate goals. Just as importantly, their ability to find answers to questions that may be raised during their outreach efforts (coupled with the wisdom to say 'No, I don't have the answers but will try to find out').

A high standard of demonstrated success in acquiring knowledge will be required before allowing any interaction with the larger 'client groups'.

We intend to evaluate the second universe, i.e. the approximately 2,400 Summer program enrollees on their knowledge and attitudes. This will be accomplished by collecting a limited amount of identification and demographic data from all participants (name, telephone, gender, ethnicity, age, educational level, et al) no latter than the time of their first session. A random sample (of about 400 such participants), which promises a high degree of representativeness, will be drawn from this group and that sample will be contacted and surveyed by telephone during the month of October. Most questions for this telephone survey will be drawn from the National Health Interview Survey of AIDS knowledge & Attitudes, The National Center for Health Statistics, Public Health Service, U.S. Department of Health & Human Services. We do not envision using the complete survey, but intend to focus upon questions where the national sample seemed to indicate the weakest knowledge among adolescents. Our goal is to have Newark adolescents at least exceed the knowledge and attitude levels shown by adolescents in this national survey. [This effort, like all others, will be conducted in a bilingual, bi-cultural mode.]

The third universe, that of the high risk group, is the most sensitive because fuller data will need to be

collected and because the objective is not just to increase knowledge and improve attitudes, but to change behavior.

Consistent with relevant Federal or State research protocols and based upon consultation with relevant agencies, a very full 'client' data base will be collected, verified and maintained. We envision this will include all standard demographic variables rather than the limited information we will collect for the larger group, a record of counsleor contacts, and the source of intial identification as a potential problem case. A behavior assessment instrument for the use of the counselors will be developed to provide an on-going record of change or inertia. We envision the creation of aggregate cross-tabulations based upon this data, which may be useful in program planning.

However the true measures of success will in fact be individual. With due respect for confidentiality problems, we would anticipate reporting not only any aggregate measures which seem important but more importantly 400 assessments of behavioral change and societal affectiveness based upon individual histories. No doubt, patterns may emerge from these assessments but it is the individual assessment, similar to that done by any supportive family of a developing adult, that is the goal of our evaluation program. The ability of adults to make a sensitive individual assessment of the adolescent is a necessary but not certainly sufficient condition for future integration into society of the adolescent involved.

In Conjunction With and Coordinated By The Office of the Medical Director, City of Newark Department of Health & Human Services,and Coordinated with the Division of Youth & Family Services, the Department of Adolescent Medicine, UMD-N.J., et al...

C. Appendices

A. Budget for Period 5-15-89 through 6-30-90

B. Letters of Support (including some financial commitments)

C. Organizational Chart

D. Certificate of Incorportation

E. Names, titles, and addresses of current Board Members

F. Description of U.S 'Underclass' youth relating to Newark from 'Insight Magazine,' - 3 April, 1989.

G. Resumes of Relevant Task Force Co-Chairs (inc. Dr. Jackson).

H. Other Relevant Newspaper clippings, letters, etc.

I. Some Additional Pertinent Newark A.I.D.S. Statistical Data in Narrative Form, As Recently Distributed to Interested Parties.

THE NEWARK STREET OUTREACH/SHELTER PROJECT FOR AT-RISK YOUTH

(submitted to DOH, 5-1-89)

In Conjunction With and Coordinated By The Office of the Medical Director, City of Newark Department of Health & Human Services and Coordinated with the Division of Youth & Family Services, and the Department of Adolescent Medicine, UMD-N.J., et al.

Budget (5-15-89 through 6-30-90)*

	PROPOSED PROGRAM PLAN	D.H.S./ D.Y.F.S.	TOTAL
I. Personnel			
A. Salaries & Wages (Full-Time)			
1. Admin./Researcher (50%)	-0-	13,959	13,959
2. Chief Outreach Counselor/ In Service Training Coor. (6-1-89 through 6-15-90)	6,865	13,332	20,197
3. Secretary/Records Mgr. (5-15-89 through 6-30-90)	16,731	-0-	16,731
4. Six Outreach Counselors (5-15-89 through 6-30-90)	101,250	-0-	101,250
Subtotals (F-T S&W)	124,846	27,291	152,137
B. Fringe Benefits (Full-Time) at 17.61%	21,985	4,806	26,791
C. Salaries & Wages (Part-Time)			
21 Peer Counselors (15 hrs/wk in Summer); 11 Peer Counselors - (12 hrs/wk post-Summer)	14,850	17,676	32,526
D. Fringe (Part-Time, at 11.215%)	1,665	1,982	3,647
Subtotals, Personnel	163,346	51,755	215,101

	PROPOSED BUDGET PLAN	D.H.S./ D.Y.F.S.	TOTAL
II. Contractual Services			
Consultants and Professional Fees			
1. Accounting/Bookkeeping Services; CPA Audit Fees	13,500	500	14,000
2. Clerical Assistance	-0-	500	500
3. Presenters/Trainers Psychologicial Services	25,200	2,300	28,200
4. Shelter/Services ($50 x 509 person/days- est.)	25,200	-0-	25,200
5. Health Clinic: Medical Exams, Services ($40 x 252-est.)	10,080	-0-	10,080
6. Research, Analysis & Evaluation	6,750	2,500	9,250
Subtotals	80,730	5,800	86,530
III. Consumable Supplies			
1. Education/Prevention Materials	-0-	2,000	2,000
2. Office Supplies (inc. computer software)	-0-	3,118	3,118
Subtotals	-0-	5,118	5,118
IV. Travel			
1. Staff at $.24/mi.	-0-	800	800
2. Oil, Gas & Repairs	-0-	1,800	1,800
3. Conferences	-0-	1,800	1,800
4. Vehicle Ins.		1,500	1,500
Subtotals -0-	5,900	5,900	
V. Equipment			
1. 12-15 Passanger Van	-0-	19,000	19,000
2. Lease of Office Eqt. (Copy Machines, Word processors, printers, etc.)	810	3,458	4,268
Subtotal	810	22,458	23,268

	PROPOSED BUDGET PLAN	D.H.S./ D.Y.F.S.	TOTAL
VI. Space Costs			
1. Rent (inc. agreements With 6 CBO's)	7,200	2,250	9,450
2. Utilities	-0-	564	564
3. Liability Insurance	-0-	594	594
Subtotals	7,200	3,408	10,608
VII. Other Direct Costs			
1. Printing & Dup.	-0-	2,000	2,000
2. Telephone (inc. calls for evaluation questions-per sample)	5,800	1,561	7,361
3. Postage	-0-	2,000	2,000
Subtotals:	5,800	5,561	11,361
GRAND TOTALS	257,886	100,000	357,886

*Note: This combined budget does not include other contributions already committed for the City of Newark ($130,000 plus one-third time of City A.I.D.S. Coordinator) nor $8,000 from The Prudential Foundation, both of which are specified in letter of support contained in Appendix b.

Also, this budgetary presentation contains no mention of the considerable in-kind support (staff assistance, computer time, space, etc.) to be contributed by the City Manpower Department, the City's anti-poverty program, and so many other institutions, organizations, and associations committed to assist this unified effort.

THIS BUDGET WAS REVISED ON 8 MAY 1989 TO CONFORM TO REVISED BUDGET SUBMITTED TO D.Y.F.S.

Appendix B. Letters of Support:

1. Adewale Troutman, M.D., Medical Director, City of Newark.

2. Robert Johnson, M.D., Director of Adolescent Medicine, UMD-N.J. (note specific reference to need for coordinated approach).

3. Richard Cammarieri, Executive Director, Newark Coalition of Neighborhoods.

4. Edna R. Thomas, Director, Soul-O-House Drug Rehabilitation & Prevention Clinic.

5. Carolyn B. Thompson-Wallace, Executive Director, International Youth Organization- (I.Y.O.)

6. Rick Matthews, Program Officer for Health & Human Services, The Prudential Foundation.

7. The Honorable Donald M. Payne, Member of Congress, 10th District, New Jersey.

8. George D. Jackson, PH.D., New Jersey Coordinator, National AIDS Project, Association of Black Psychologists.

9. Norma F. Kaiczar, Executive Director, N.J. Commission for the Blind & Visually Impaired.

10. Ralph R. Waller, Executive Director, Central Ward Coalition of Youth Agencies, Inc.